



# KNIGHTS OF COLUMBUS

1 COLUMBUS PLAZA, NEW HAVEN CT 06510

## Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

<b>1</b>	NEW/RECEIVING COUNCIL NUMBER	COUNCIL LOCATION (CITY, ST)	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST. DEG. DATE
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<b>2</b>	<b>TRANSACTION</b> <input type="checkbox"/> REACTIVATION (inactive insurance) <input type="checkbox"/> TRANSFER IN <input type="checkbox"/> DATA CHANGE <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> HONORARY MEMBERSHIP <input type="checkbox"/> SUSPENSION <input type="checkbox"/> JUVENILE TO ADULT <input type="checkbox"/> READMISSION (up to 7 years) <input type="checkbox"/> HONORARY LIFE MEMBERSHIP <input type="checkbox"/> DEATH <input type="checkbox"/> REINSTATEMENT (up to 3 months) <input type="checkbox"/> REAPPLICATION (over 7 years) <input type="checkbox"/> PROVIDE SURVIVOR INFORMATION BELOW					
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<b>3</b>	LAST NAME FIRST NAME MIDDLE INITIAL TITLE STREET CITY ST POSTAL CODE COUNTRY (OUTSIDE US) DATE OF BIRTH MO DAY YR *MARITAL STATUS HOME PHONE BUSINESS PHONE CELL PHONE E-MAIL ADDRESS OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN)					
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<b>4</b>	*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE? (SEE DEFINITION ON REVERSE SIDE OF COUNCIL COPY) YES NO PARISH NAME, LOCATION (CITY, ST) FORMER COLUMBIAN SQUIRE? YES NO DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? YES NO INITIATION DATES 1. FIRST 2. SECOND 3. THIRD 4. FOURTH DATE OF TERMINATION REASON NUMBER OF LAST COUNCIL COUNCIL LOCATION (CITY, ST/PROV)					
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**5**

NEW MEMBERS AND THEIR WIVES ARE ELIGIBLE (THROUGH AGE 83) FOR A KNIGHTS OF COLUMBUS ANNUITY AS DESCRIBED ON THE BACK OF THIS APPLICATION (COMPLETE FOR MEMBER) OR THE REVERSE SIDE OF THE DUPLICATE (COMPLETE FOR WIFE)

I am applying for myself  Yes  No      I am applying for my wife  Yes  No

<b>6</b>	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. PRINTED NAME OF PROPOSER PROPOSER'S MEMBER NUMBER (required)	I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I WILL UPHOLD THE CHARTER, CONSTITUTION AND LAWS OF THE KNIGHTS OF COLUMBUS AND ANY OF ITS COUNCILS IN WHICH I HOLD MEMBERSHIP AND AGREE THAT THE DECISION OF THE BOARD OF DIRECTORS SHALL CONTROL IN ALL MATTERS. I AGREE THAT THE KNIGHTS OF COLUMBUS MAY USE AN OUTSIDE AGENCY TO OBTAIN INFORMATION CONCERNING MY CORRECT ADDRESS. SIGNATURE OF APPLICANT FINANCIAL SECRETARY      GRAND KNIGHT
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<b>FAMILY INFORMATION</b> WIFE'S NAME NAMES AND AGES OF CHILDREN	<b>COMPLETE WHEN REPORTING MEMBER DEATH ONLY.</b> NEXT OF KIN RELATIONSHIP STREET CITY ST/PROV      POSTAL CODE
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**APPLICANT'S INTERESTS/PREFERENCES**

Following submission of this Membership Document, you will be contacted in regard to your meeting with the council's admission committee. To aid the committee in preparation for this meeting, you are asked to indicate committee assignment preferences below. If you need more specific information on any of these committees, please inquire during the interview process.

CHURCH       COMMUNITY       COUNCIL  
 FAMILY       YOUTH       MEMBERSHIP RECRUITMENT/RETENTION

Please specify interests: \_\_\_\_\_

What do you expect from your membership in the Knights of Columbus? \_\_\_\_\_

In your opinion, what can you do or contribute to assist in the successful operation of this council? \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Signed: \_\_\_\_\_

ADMISSION COMMITTEE CHAIRMAN

TRANSACTIONS WITH ANNUITY APP(S) TO GENERAL AGENT. ALL OTHER TRANSACTIONS TO SUPREME COUNCIL OFFICE.

\* THESE QUESTIONS DO NOT APPLY TO PRIESTS AND RELIGIOUS